1 PLACE	STATE C	OF MAR	YLAND—	CERTIFICATE OF DEATH	410	
County	I toward	/.		92-00 Registration Dist. Np.	9/19	
Village Dr	PO.S.	edes	<u></u>	84-	Parkard Mond	
		1,	2 C (II	death occurred in a hospital or institution, give its NAME instead of street and nu	ward	
Length ol re	esidence in city or town where	daath occurred_62.	yrsmos	ds. How long in U.S. il ol loreign birth?yrsmos	ds.	
2. FULL N	AME / Leuries	Va Cu	lluna			
(a) Resid	ence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and S		
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	tate	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day)	193	
5a. It married, wid HUSBAND of (or) WIFE ot	folm Cou	eris		22. I HEREBY CERTIFY, That I attended do	eceased Irom	
	H (month, day, and year)	me 3 1.	871	I last saw halive on	death is said	
7. AGE Y	lears Months	Days	It LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trada, pro kind of SAWY	elession, or particular t work done, as SPINNER, ER, BOOKKEEPER, etc	at t	www	mitral Regurgitation	11-1-3	
Work v	r business in which was done, as SILK MILL, MILL, BANK, etc					
	ased last worked at cupation (month and	11. Total ti spen occu	me (years) It in this pation			
12. BIRTHPLACE ((city or town)			Other Contributory Causes of Importanca:		
(State or co		ary las	uf.		4,	
13. NAME	Charles Z	urner				
(State	CE (city or town)	chnow		Name of operation Data ot What test confirmed diagnosis? Was there an au	topsy? No	
15. MAIDEN N	NAME Kenrietta	2 Cooc	din	23. Il death was dua to external causes (VIOL ENCE) fill in also the following:		
0 16. BIRTHPLA	CE (city or town)	hum		Accident, suicide, or homicide? Date of injury Where did injury occur?		
17. INFORMANT (Address)	John Ch	e sud.	,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place It Stephens Date 11-8,1934				Manner ol injury		
19. UNDERTAKER (Addrass)	20 Mig wh	city m	8 d	24. Was disease or injury in any way related to occupation of deceased?	K	
20, FILED NO	v F ,19 3 4 U	by I Fr	Registrar.	(Signed) Telson O' Lelly Outing Co		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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100	3.3	7 %	1	
	7.			
	-			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-m)
County Toward	Registration Dist. No. 195
Village or City Savage	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whera daath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Was My the Corp.	21.
(a) Residence: No. 2809 (Usual place of abode)	W. St., Was Warding Ing. W. St., Was ward State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND ot	
(or) WIFE of helloy loves.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que. 31 1898	I last saw h
7. AGE Yaers Months Days If LESS then	to have occurred on the date stated above, at 2. G. r. m
36 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	were as follows: That acture of aland Date of paset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- automobile a collect
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLS. SAW MILL, BANK, etc. 10. Date dacaesed last worked at this occupation (month and	C A 1 11 A -
SAW MILL, BANK, etc.	letyreal puthyrus of
- I shellf till fill?	by Howard U. Go. 18 10
year) occupetion	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Data of
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Decadem Data of injury 11/2/,194
A The A I	(Specify city or lown, county and State)
17. INFORMANT (Address) 327-25 St., u. E. Washington W.T.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile accordent.
Place of the description pate of 1/2 1934	Natura of injury Thackine Johnell
19 UNDERTAKER S. H. Hines	24. Was disease or injury in any way related to occupation of deceased? Un-
(Address) 2907-144 St. M. W. Washington 14	Clf so, specify
20. FILED 11/8/3419 Frank Shipley.	(Signed) Thankshiftey, M.D.
Argistrar.	(Addrass) Savage, lly

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To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

A DVOVE IN

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1921 Chronic interstitial nephritis 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

		STATE	OF MAR'	YLAND-	CERTIFICATE	OF DEA	TH	1412
:	I. PLACE OF	F DEATH	0.0		(82-70)		1	ITIO
	County	forwara	60.			Registration	Dist. No.	193.
	Village or C	ity Toplar	Spring	3	NoNo		St.	Ward
	Length of resi	idence in city or town where	dath moured	(I	f death occurred in a horpital or institu s	tion, give its NAMI	E instead of street a	nd number)
	2. FULL NA	411	deetii decurred 2	E-Land	now long in 0.5. It o	i toreign pirtn?	yrs.	mosds.
			July 3	acher f	ν			
	(a) Residen	ice: No. Topka	(Usual place of	abode)	St.,Ward.	If nonresident	give city or town	and State
94000	PERSON	IAL AND STATIS	TICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	the state of the s	
3.	SEX OUS	4. COLOR OR RACE	5. SINGLE, MARK	RIED, WIDOWED,	21. DATE OF DEATH	201	-	
	111.	11	King	(write the word)		(Month)	(Day)	193 4
5e.	if married, widow HUSBAND of	red, or divorced						(1681)
	(or) WIFE of				22. HEREBY	CERTIF	Thet I attend	ded daceased from
6	DATE OF BIRTH	(month, day, and year) / 9	34-11-1-		Llast saw h. A. alive on	nos 8	19.3	195.2
_	AGE Yea		Days	If LESS than	to have occurred on the data state	dahova at 230		-/; death is said
			1 2元	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
z	8. Trada, profas	ssion, or particular		1 VIIIIII	were es follows;	erebre	Harma	Date of onset
110	SAWYER,	vork done, as SPINNER, BOOKKEEPER, etc	none		rhaget.			hrs. 6,3 k
OCCUPATION	work was	business in which done, as SILK MILL,				~~~~~~~~~~		
22	10. Data decease	L, BANK, etced last worked et	11. Total tir	ne (years)				
0	this occupyear)	pation (month and	spen	t in this pation				
12	BIRTHPLACE (cit	War town) Pob	Car Obr	nie .	Other Centributery Causes of impo	rtance:		
8 644	(Stata or coun			md			**********	
E.	13. NAME 6	Lande Ir	ving Ex	sker			~~~~~~~~~~	
FATHER	14. BIRTHPLACE	(city or town) Po	lla le	rings	Name of operation		Date o	4
-	(Stata or		17	nd!/	What test confirmad diagnosis?			
MOTHER	15. MAIDEN NAI	ME Atelda 1	irginia 1	Busserd	23. If death was due to axternal cau			
0	16. BIRTHPLACE		Marille		Accidant, suicide, or homicide? Data of Injury, 19			
2	(Stete or	country)	md.		Where did Injury occur?	/8		z
17.	INFORMANT	stande I	acker		Specify whether injury occurred in	INDUSTRY, In HO	town, county and : ME, or in PUBLIC	PLACE.
18	(Addrass)	ION OR PEMOVAL	sornes.	ny				
18. BURIAL, CREMATION OR REMOVAL Place Toplan Harris Date Mod. 10 19,34					Manner of Injury			
	V_	f on m	-01-		Natura of Injury			<i>L</i> -
19.	UNDERTAKER (Address)	De files	all Trid		24. Was diseese or injury in eny wa	ay related to occupa	tion of deceased?.	700
	4	a bu	100 11 11-	4	(Signed)	m. 10	3001000	
20.	FILED MAN	7, 1934	M. H. 1865	Registrar.	(Address)	inn she	feet n	M. D.
		If more	blanks are needed, ad			questing 7) S No		

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance:	
(vausiones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	WARTLAND-	CERTIFICATE OF DEATH 11413
County Islamand.		Registration Dist. No. 191
Village or City Rocklass Length of residence in city or town where deal	(1	NoNoSt.,Wa.l death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME I and 3 (a) Residence: No. Estimate C	Champson Fee	'elsk20 Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 w	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 30, 193 4/ (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet i attended deceased for 20, 19 34, to 2007. 30, 19 3
6. DATE OF BIRTH (month, day, end year) July 7. AGE Years Months 40 4	Daye If LESS than I day,hrs.	I lest saw h elive on less and less at less and less at less and less at less
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	at I forme	Cerebral Hemenhye 1/3
SAW MILL, BANK, etc	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Orange (State or country)	Virginia.	Other Castributory Causes of Importence:
13. NAME gohn S. Z.	sherd.	Neme of operation
(Stete or country)	,	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary The 16. BIRTHPLACE (city or town) (State or country)	id.	23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT John S (Address) Electy Co	Fraher:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE GOOD Shepherd	Date Dec. 3., 1934	Manner of injury
19. UNDERTAKER F.C. My with (Address) Ellifut C	uty not	24. Was disease or injury in eny wey related to occupation of deceesed? If so, specify
20. FILED Dec 1 , 193 9 W/9	Gestell Registrar.	(Signed) M. (Address) M. (Addre

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEL 5 1534	1 1		
Other contributory causes of importance:	11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

8

1. PLACE OF DEATH County Registration Dist No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____vrs.____mos.___ PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (gwrite the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BtRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above. 1 day O hrs or ... Q min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .. back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this 4 occupation 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation___ plain (State or country) What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnous OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of paset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC 6 1914	1921	Run over by street car	1 week ago
Cerebral hemorrhage	utilizieti V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of

19. UNOERTAKER

(Addrass)

OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Howard	Registration Dist. No. 193
Village or City Coor Coville	NoSt., Ward
Langth of residence In city or town where death occurred by yrs, on 2. FULL NAME williams of the company of the	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word)	21. DATE OF DEATH
Sa. If married, widowad, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Oays If LESS than I day, here or min. 8. Treda, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacassad last worked at this occupation (month end yeer) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME AND	The state of the s
14. BIRTHPLACE (city or town) (State or country)	Nama of oparation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
A CONTRACTOR OF THE PARTY OF TH					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Howard	Registration Dist. No. 190
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Baly Zing 2	Peuris
(a) Residence: No. Elkinder ford Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV 193 4
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet ettended deceased from
010-11-64	15. 19. 19. 10 More 19. 79 74
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then	to heve occurred on the date steted above, et
1 dey,hrs.	to heve occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or perticuler	were es follows: Date of onset
SAWYER, BOOKKEEPER, etc.	11/15/39
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month end	(2) (20 Pm
10. Date decessed last worked at this occupation (month end spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Eller (contact) (State or country)	Other Contributory Causes of importence:
	a placement
13. NAME 14. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? West there an europsy?
15. MAIDEN NAME & S. H. Aling mostly	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Englishing Matthews	Accident, suicide, or homicide? Date of Injury 19
State or country) Arrange C-	Where did injury occur?
17. INFORMANT Edith Attalion (mother	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placela Ston Certic 11/16, 1934	Neture of Injury
19. UNDERTAKER Prove amployed	24. Wes disease or injury in eny wey related to occupetion of deceased?
20. FILED Nov- 15., 19 34 Missile Registrar.	If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. A.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Kind out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, atc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1 N. B.-

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	Every it	IANS	ment o		
	ORD. 1	TYSIC	state		
)	r REC	Y. PI	Exact		
DATE TO THE TAXABLE TO THE TOTAL PROPERTY.	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
TO ATO AT	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.	
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STATE (OF	MARYL	AND-	-CERTI	IFICA	TE	OF	DEATH
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114.7

1. PLACE OF DEATH				
County I Loward	1		Registration Dist. No. 19	1
Village or City Cell	att city,	Jud.	No. St.	Ward
Length of residence in city or		(1	If death occurred in a horpital or institution, give its NAME instead of street and nuscess	umber)
2. FULL NAME BU	marel 2	natthews		
(a) Residence: No_U	mani St.	Ellust Cily	/Ste/ Ward. If nonresident give city or town and S	hate
PERSONAL AND	STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF	OR DIVO	MARRIED, WIDOWED, ORCED (write that word)	21. DATE OF DEATH	1934
5a. If marriad, widowed, or divorced HUSBAND of			, , , , , , , , , , , , , , , , , , , ,	(Year)
(or) WIFE of marcha) blossey	matthews	22. I HEREBY CERTIFY, That I atlended di	aceasad from
6. DATE OF BIRTH (month, dey, and	year) June 11.	18.78	14 Ma - 13 21	deeth is said
7. AGE Yaars	Months Deys		to have occurred on the dete stated above, at 11:15 Pm.	
56	5 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trede, profession, or perticular kind of work done, as S	iar PINNER A	1	, ,	Date of onset
SAWYER, BOOKKEEPER,	atc.	honer	Har meumony	now
kind of work done, as S SAWYER, BOOKKEEPER, 9. Industry or business in whi work was done, as SILK SAW MILL, BANK, etc	MILL,			38
10. Date deceased last worked		otal time (yaars)		1934
this occupetion (month a	nd /5/3/	spent In this		/ /
12. BIRTHPLACE (city or town)	tersville In	duich Co.	Other Contributory Causes of Importance:	
13. NAME BANGA	1 mastel	-ave		
	er maunen	70		
14. BIRTHPLACE (city or town)_ (State or country)	/	1 war)	Name of operation Data of	
IS. MAIDEN NAME	111		Whet test confirmad diagnosis? Was thera an eut	opsy?
	Mirum		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) _ (State or country)	- dealer		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT M. L. (Address) 20 4 71.	my errer	ne)	Whare did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMO	Malunt St	roalis me	***************************************	
A particular	Star Date	10v. 17, 1934	Manner of injury	
19. UNDERTAKER 7. C. Nig (Address) Europe	ubother city	my.	24. Was diseasa or injury in any way related to occupation of deceased?	no
20. FILED Nov 15, 193	4 10/4 4	isell Registrar.	(Signed) (Address) Sheere in	M, D.
	70 11 1	1 1 11 0 -		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159)
County Howard	Registration Dist. No. 194
Village or City Fullow	No
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME male File. Mare	ck-
(a) Residence: No. Justan	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Swife	21. DATE OF DEATH ///2 > , 193 4 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attanded decaased from
(or) WIFE of	I HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) 11/2 >/3 V	I last saw h alive on/ alive on// 19.3 v.; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated abova, at 11.20 Pm.
1 day, -1 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	mytry hard Pelvie operation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decassad last worked at this occuration (month and	54 04ps
O this occupation (month and spant in this year) occupation	
111	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
II 13. NAME Se man mouse	nipusitis 1920
E // //	No. of a supplier
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autonsy?
15. MAIDEN NAME THERE	What test confirmed diagnosis?
15. MAIDEN NAME Jauline Skaggs 16. BIRTHPLACE (city or town) Jaune Skaggs (State or country)	Accidant, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT / Kingray Mauch	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fullin Combany Oate Mor 27 , 1934	Neture of injury
19. UNDERTAKER LU	24. Was disaase or Injury In any way related to occupation of deceased?
(Address)	If so, spacify
m FUED MY 28 1034 & A Meale Ro	(Signed) /3 / Wayne M. D.
20. FILED VV A 1, 190 T S PECULO Registrar.	(Address) Taund MM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-9)
County, Howard	Registration Dist. No. 195
Village or City Savage	No. St., Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME A. K. Muller	
(a) Residence: No. Unit (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10. 16 34.
5a. If married, widowed, or divorged	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unknown.	I last saw h. Asm alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 P. m.
Opport 60 ? 1 day, C. hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
Trade profession or particular	While parties It. Date of onset
hade, profession, or particular kind of work dona, as SPINNER, Laborate . SAWYER, BDDKKEEPER, etc.	leg + Trammetic 1 11/16/20
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	shock - and acadent.
10. Data deceased last worked at this occupation (month and year)	Certificate arthright
1	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	MINION POSCOSA,
立 13. NAME	
E	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide accident Data of injury 11/16/34
(State or country)	Where did injury occur? wear Savege, Wil.
17. INFORMANT W. C. White, Mrc. Co.	Specify whether injury occurred in INDUSTRY, In HOME, of In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Auto- accordant
Place Lanel Date 11/25/2419	Natura of Injury Heather 1 st. bg (crushing)
19. UNDERTAKER W. C., White. Co, Pie.	24. Was disease or Injury in any way related to occupation of daceased?
(Address) 4 auch, Md.	If so, specify
20. FILED LILLY 3.45. Markoliley Registra	(Signed) M. D. (Address) Sawball Lul.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENTITIONS	OI ALUE	T. OTC	T. C. LAT TTTTE	D T TY Y TATAL TATAL TO	AJ A	T TE Y DECITEDA

should state of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	4	5 %	1	b
1	1	1	14	U	7

1. PLACE OF	DEATH			(93-2)		
County Hon	ward				Registration Dist. No	193
Village Dr City_	Glenwo	ood		ND. f death occurred in a hospital or institution,		St., Ward
Length of residenc	e in city or town where	death occurred	Byrs,mos	sds. How long in U.S. if of fore	give its INAME instead of streetign birth?yrs	et and number)
2. FULL NAME						
	No. Gleny	rood, M	d.	St., Ward.	······································	
PERSONAL	AND STATIST	(Usual place		MEDICAL CER	If nonresident give city or to TIFICATE OF DEA	
	COLOR OR RACE		RRIED, WIDOWED.	21. DATE OF DEATH	ITFICATE OF DEA	16
Male	White		ED (write the word)		ber IS, IS	4, 193
5a. If married, widowed, o	or divorced	47.4				
	ellie M. P	indell		22. I HEREBY C	ERTIFY, That I at	
6. DATE OF BIRTH (mon	th, day, and year) Au	ıg. 25,	1880	I lest saw h_im alive on		
7. AGE Years 54	Months 2	Days 24	If LESS than I day,hrs. ormin,	to have occurred on the dete stated abo	ove, at 9:30 R	ce
8. Trade, profession kind of work	, or particular			Heid as lunums.	¥ • • • • • • • • • • • • • • • • • • •	Date of eneat
NO SAWYER, BOO SAW MILL, B. 10. Date deceased in this eccupation	JANEEPER, etc	wner-ma	anager	Acute Alcoho	lism	11/2/34
work was don SAW MILL, BA		Heneral	store	Myocarditis		1927
10. Date deceased la this occupation	st worked at	11. Totel	tima (years) ant in this			
year)	198	4- 000	cupation	Dther Contributory Causes of Important		
12. BIRTHPLACE (city or (Stete or country)				-		
	ichard Cal		3077	Acute Cardiac	Dilitation	11/10/34
E		eo Pin	The state of the s	Nama of operation none		
4 14. BIRTHPLACE (city		land		What test confirmed diagnosis?	De	
15. MAIDEN NAME	Sarah Fra	nces Be	enson	23. If death was due to external causes (
15. MAIDEN NAME 16. BIRTHPLACE (city	y or town)			Accident, suicide, or homicida?		
- (State or cont				Whera did Injury occur?	Specify city or town, county a	and State)
17. INFDRMANT TIES (Address)	Glenwood	Pindell		Specify whether injury occurred in IND	USTRY, In HDME, or in PUB	LIC PLACE.
18 BURIAL, CREMATION,	OR REMOVAL	Early 51	10121 20	Manner of injury		
Place	and Cu;	Date	, 19.3 9	Nature of Injury		
19. UNDERTAKER	Ween	Lyn	Vice .	24. Was disease or Injury In any way re	lated to occupation of deceas	ed?N_Q
(Address)	System	he le	-to-	If so, specify	e 1.0	2
20. FILED/WY 24	1934	Mas	Registrar.	(Signed) Journal (Address)	y Joseph	M. D.
			veganiai.	(104690)	444-404 A	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	400	ward.	(210-m)	Registration Dist. No. 195
Village or	Sity - Sa	vage	No.	St., War
Length of res	idance in city or town whare	d		n, give its NAME instead of street and number) orelgn blrth?mosd
2. FULL NA	ME Adolp	h Riazzi		
(a) Resider	ce: No. 1st Prov	. Co., Civ.Cons.Corp (Usual place of abode)	S St., Ward. Fort	George G. Meade, Md. If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CER	RTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH	Der 1 , 193 34 (Month) (Day) (Year)
5a. If married, widow HUSBANO of (or) WIFE of	vad, or divorced		1-	CERTIFY, That 1 attanded deceesed fro
& DATE OF RIPTH	(month, day, and yeer)	January 10, 1916	I last saw haliva on	9, to, 19
	ers Months	Deys If LESS than 1 dey,	to have occurred on the date stated e	bove, at 2 C. m.
18	ession, or particular	21 ormin.	wera as follows:	and related causes of importance ack by automobile. Oata of ones
SAW MI	ed last worked at	Enrollee v. Cons. Corps. 11. Total time (years) spant in this occupetion 0	hunder his Variable of	horts they (it)
12. BIRTHPLACE (c) (Stata or cou	ty or town) Erie ntry) Pennsylv	ania.	Other Contributory Causes of Importa	D. Hosnell
13. NAME M.				
	E (city or town)Unk r country)	nown		Date of
15. MAIOEN NA	ME Unkno	wn		s (VIOLENCE) fill in also the following:
16. BIRTHPLACE	E (city or town)	nown		ceident Dete of Injury Nov. 1 , 19 34 Laurel Maryland.
17. INFORMANT (Address)	Official Re	cords.	Specify whether injury occurred in II Public pla	(Specify city or town, county and State) NDUSTRY, In HOME, or In PUBLIC PLACE. 308
18. BURIAL, CREMA	5100	Oete // - 2 - ,19-3 4	Manner of injury Struck Nature of Injury Multiple	k by automobile. Frantine flag (it.)
19. UNOERTAKER(Address)	Robert Brook		24. Was disease or injury In any way	related to occupation of deceased? no
20. FILED [[[134. Mia	ul St. Dless.	(Signed) Char	inohipley, M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

(Address) _____

Registr

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Chronic interstitial nephritis	1921	Run over by street ear *	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
21109 G11 V 3		WITH ALL V. B.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		Howard City alberto	w, md.	Registration Dist. No. /9/ No. St., War. If death occurred in a hospital or institution, give its NAME instead of street and number)
2	. FULL NA	ME James	death occurredyrs,m	Affectds. How long In U.S. if of foreign birth?yrsmosds.
-	(a) Reside	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2007, 4 ,193.4
5e.	If merried, wido HUSBAND of (or) WIFE of	wed, or divorced		(Month) (Day) (Yeer) 22. I HEREBY CERTIFY, Thet I attended deceased from
6. I		(month, day, end yeer)	7. 4, 1934	
		Still 0	Deys If LESS then. 1 day,hrs ormin.	to have occurred on the date stated above, at 1.30.77 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	9. Industry or work we SAW MI	ession, or perticular work done, es SPINNER, BDDKKEEPER, etc business in which s done, as SILK MILL, LL, BANK, etc	none	Stue Rom
	this occu	pation (month end ity or town) — Albe	11. Total time (yeers) spent In this occupation ton)	Dther Contributary Causes of Importance;
HER	13. NAME	Carroll	Stauffer	
FATH		(city or town)	mary land.	Name of operation Dete of What test confirmed diegnosis? Wes there an eutopsy?
MOTHER 17.	16. BIRTHPLACI (State of INFORMANT 2 (Address)	Thy sa ra	Raw Scopieles wada Stauffer heiton mo.	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18.	Place Stone	IDN, OR REMOVAL	Dete Kor 4, 1934	Menner of injury
19.	UNDERTAKER (Address)	29 Higien Elliott	City Sud.	24. Wes disease or injury in any wey related to occupation of degreesed?
20.	FILEDNOV	5 ,1934 10	14 Fissell Registrar.	(Signed) . Shrow M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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CHEEAU V. E	14		
Other contributory causes of importance:	1	Other contributory causes of importance:	
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